

**REPORT AND CLAIM FOR REIMBURSEMENT  
SUMMER FOOD PROGRAM**

FOR OFFICE USE ONLY TYPE OF SPONSOR	
School _____	Non-Profit _____
Residential _____	NYSP _____
Government _____	Homeless _____

NAME AND ADDRESS OF SPONSOR HERE
(1)

Claim Period Covered	No. Sites	Total Days Food was Served During Month	Average Daily Participation																
MO. YR. <table><tr><td></td><td></td><td></td><td></td></tr></table>					<table><tr><td></td><td></td><td></td><td></td></tr></table>					<table><tr><td></td><td></td><td></td><td></td></tr></table>					<table><tr><td></td><td></td><td></td><td></td></tr></table>				
(2)	(3)	(4)	(5)																

Food Service by Type to Eligible Children Only (Report only meals meeting requirements)				Food Service by Type to Adults Only (Total number of meals served)																	
				Adults Working in Program		All Other Adults															
6.	Breakfast	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							11.	<table><tr><td></td><td></td><td></td><td></td></tr></table>					Breakfast	16.	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
7.	Lunch	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							12.	<table><tr><td></td><td></td><td></td><td></td></tr></table>					Lunch	17.	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
8.	Supper	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							13.	<table><tr><td></td><td></td><td></td><td></td></tr></table>					Supper	18.	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
9.	Supplement	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							14.	<table><tr><td></td><td></td><td></td><td></td></tr></table>					Supplement	19.	<table><tr><td></td><td></td><td></td><td></td></tr></table>				
10.	TOTAL	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							15.	<table><tr><td></td><td></td><td></td><td></td></tr></table>					TOTAL	20.	<table><tr><td></td><td></td><td></td><td></td></tr></table>				

INCOME TO FOOD PROGRAM-Funds Received During Month From: (Round to nearest dollar, DO NOT USE CENTS)	
21.	Adult Payments for meals (Program Adults Only) if a charge is made (line 11-14)
22.	Federal grant monies (do not include Federal Reimbursement received from SCN) used to pay food cost
23.	Non-Federal monies received from State, County or local governments, if someone or organization gives you money
24.	Cash donations or grants from benevolent organizations or individuals, if someone or organization gives you money
25.	Interest earned (if any) on Federal advance payments
26.	TOTAL

TOTAL OPEATING COST – Allowable Expenditures During the Month for: (Round to nearest Dollar, DO NOT USE CENTS)	
27.	Cost of Food and Milk used during month
28.	Program Labor (Wages for days worked during the month)
29.	Cost of Nonfood supplies used and expendable kitchen equipment
30.	Facility Service Cost
31.	Transportation of Children (RURAL SPONSORS ONLY)
32.	TOTAL (Items 27 through 31)
33.	Administrative Cost

STATE AGENCY USE ONLY	
34.	Advance Funding for Program Cost for _____ (Month)
35.	Advance Funding for Administrative Cost for _____ (Month)

I certify that the information on this claim is true and correct to the best of my knowledge. That records are available to support this claim. That it is in accordance with the terms of the existing agreement and that payment therefore has not been received. I understand that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and Federal criminal statutes.

Signature of Sponsor	Title	Date	Area Code and Number of person preparing claim ( )
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